id Yes ☐ No ☑	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Exemptions Have you excluded from this report any other as: because they meet all three tests for exemption?
ed Yes No 🗸	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Trusts- Details regarding "Qualifie trusts" need not be disclose child?
TIONS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWER EACH OF THESE QUESTIONS	EXCLUSION OF SPOUSE, DEPEN
	schedule attached for each "Yes" response.	If yes, complete and attach Schedule V.
and the appropriate	reportable liability (more Yes ☐ No ☑ Each question in this part must be answered and the appropriate	Oid you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?
	If yes, complete and attach Schedule IX.	If yes, complete and attach Schedule IV.
Yes No 🖸	sell, or exchange any Did you have any reportable agreement or arrangement with an outside under the reporting Yes No No IX. entity?	Did you, your spouse, or dependent child purchase, sell, or exchange any IV reportable asset in a transaction exceeding \$1,000 during the reporting period?
	If yes, complete and attach Schedule VIII.	If yes, complete and attach Schedule III.
ig in the Yes ☑ No ☐	unearned" income of Pilo Did you hold any reportable positions on or before the date of filing in the Portable asset worth Yes VIII. current calendar year?	Did you, your spouse, or a dependent child receive "unearned" income of III. more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?
	If yes, complete and attach Schedule VII.	If yes, complete and attach Schedule II.
in \$305 Yes No 🗸	o charity in lieu of paying Old you, your spouse, or a dependent child receive any reportable travel or any reportable travel or travel in the reporting period (worth more than \$305 from one source)?	Did any individual or organization make a donation to charity in lieu of paying li. you for a speech, appearance, or article in the reporting period?
	If yes, complete and attach Schedule VI.	If yes, complete and attach Schedule I.
gift in erwise Yes No V	Salaries or fees) of \$200 Yes No VI. the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)?	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 l. or more from any source in the reporting period?
	ANSWER EACH OF THESE QUESTIONS	PRELIMINARY INFORMATION A
late.	Amendment	Type (Annual (May 15)
more than 30 days	Termination Date:	Report
A \$200 penalty shall be assessed against	State: CA Officer Or Employing Office: District: 05	Filer Member of the U.S. Status
(Office Use Only) TATIVES	ame) (Daytime Telephone)	(Full Name)
2000 MAY 14 AM 9: 01	(202) 225-7163	Doris O. Matsui
HAND DELIVERED	For use by Members, officers, and employees	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007

				-	
SCHEDUL	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name Doris O. Matsui	Matsui		Page 2 of 4
	BLOCK A	вгоск в	BLOCK C	BLOCK D	BLOCK E
Identify (a) ea a fair market vand (b) any of than \$200 in value of that are not so that are	Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other assets or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. Government retirement programs. Government set end of the far left.	Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	Type of Income Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	Iransaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
	Cash Management Account - Merrill Lynch	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Cash Maximizer Acct Bank of America, Dinuba, CA (50% interest)	\$1,001 - \$15,000	None	NONE	
	Checking Acct Bank of America, Dinuba, CA	\$50,001 - \$100,000	INTEREST	\$201 - \$1,000	ļ
	MetLife & Affiliates - C/O PFPC, Money Market	\$250,001 - \$500,000	INTEREST	\$5,001 - \$15,000	
	Natl. Financial Services LLC/Sun Trust Investment Services, Inc./Money Market Account	\$100,001 - \$250,000	DIVIDENDS	\$5,001 - \$15,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name Doris O. Matsui	O. Matsui		Page 3 of
Sun Financial Group Bank Acct.	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
Westmed Holding Company, Englewood, CA Stock in privately held medical development technology company	\$1,001 - \$15,000	None	NONE	
White House Fed. C.U.	\$500,001 - \$1,000,000	INTEREST	\$5,001 - \$15,000	
Wright Patman Congress. Federal Credit Union	\$100,001 - \$250,000	INTEREST	\$1,001 - \$2,500	

SCHEDULE VIII - POSITIONS

Name Doris O. Matsui

Page 4 of 4

honorary nature; and positions listed on Schedule I. Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an

Position	Name of Organization
Regent	Smithsonian Institution Board of Regents